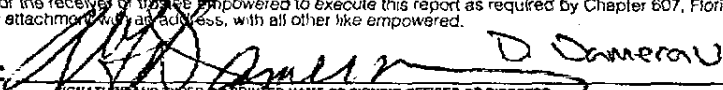


FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024141 1. Entity Name NATIONSTORAGE R.E.I.T. I, INC.				Secretary of State	
Principal Place of Business 812 NW 1ST ST. FORT LAUDERDALE, FL 33311		Mailing Address 812 NW 1ST ST. FORT LAUDERDALE, FL 33311			
DO NOT WRITE IN THIS SPACE					
				03272006 03/27/2006 03/27/2006 10:00:00 AM	
DO NOT WRITE IN THIS SPACE				4. FEI Number 65-0819466	
				Applied For ☐ Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired ☐ \$8.75 FOR DOMESTIC CORPORATION	
6. Name and Address of Current Registered Agent DAMERAU, DAVID F 812 NW 1ST FORT LAUDERDALE, FL 33311				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 FOR DOMESTIC CORPORATION			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE 000000561048 05/18/06-80063-012 158.75	
TITLE	D				
NAME	DAMERAU, DAVID F				
STREET ADDRESS	812 NW 1 STREET				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  D Damerau 3/30/06 9485-1032 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					